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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.52(b)) |  | Attorney Docket No.    |  | NORTH-439A/A-2234       |
|  |  | First Inventor         |  | Steven Allen Schwartz   |
|  |  | Title                  | SYSTEM AND METHOD FOR AUTOMATIC RECOGNITION OF FORMATIONS IN MOVING TARGET INDICATION DATA |                         |
|  |  | Express Mail Label No. |  | EL 7 9 4 6 1 0 8 3 8 US |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB17)<br>2. <input type="checkbox"/> Applicant claims small entity status.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>27</u> ]<br>(preferred arrangement set forth below)<br>-Descriptive title of the invention<br>-Cross Reference to Related Applications<br>-Statement Regarding Fed sponsored R & D<br>-Reference to sequence listing, a table, or a computer program listing appendix<br>-Background of the Invention<br>-Brief Summary of the Invention<br>-Brief Description of the Drawings (if filed) 37 CFR 3.73(b)<br>-Detailed Description<br>-Claim(s)<br>-Abstract of the Disclosure<br>Copies of IDS Citations<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>7</u> ]<br>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or C-R in duplicate, large table or Computer Program (Appendix)<br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>See 37 CFR 1.27 (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies a computer program listing appendix<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>16. <input checked="" type="checkbox"/> Other: <u>Express Mailing Certificate</u> |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No.: \_\_\_\_\_ /  
 Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_  
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| Name    | Terry J. Anderson, Esq.<br>NORTHROP GRUMMAN CORPORATION |       |    |          |            |
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|                   |                        |                                   |                |
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| Name (Print/Type) | Bruce B. Brunda        | Registration No. (Attorney/Agent) | 28,497         |
| Signature         | <i>Bruce B. Brunda</i> |                                   | Date: 05/31/01 |

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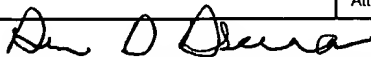
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|--|----------------|--------------------------|-----------------------|
| <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2001</h2> <p style="text-align: center;">Patent fees are subject to annual revision.</p> |                | <b>Complete if Known</b> |                       |
|  |                | Application Number       |                       |
|  |                | Filing Date              | Herewith              |
|  |                | First Named Inventor     | Steven Allen Schwartz |
|  |                | Examiner Name            |                       |
| TOTAL AMOUNT OF PAYMENT  | (\$)<br>786.00 | Group Art Unit           |                       |
|  |                | Attorney Docket No.      | NORTH-439A/A-2234     |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
|---|---|--|----------------------------|-----------------|----------|---------|--------------------|-------------------------------------|---------|---------|-------------------|---|---------|---------|------------------|---------------------------|---------|-----------|--------------------|---|---------|----------|------------------------|--|---------------------|------------|------------|---|--------------|----------------|----------|--|---|---------|---|---|--|--------------------|---------|--|----------------------------|----------------------------|-----------------|---|--------|-----------|------------------------|--|--------|---------|-----------------------------------|------------------|---------|---------|---------|--|--------|---------|---------|--------------------------|--------|-----------|-----------|---|---------------------|---------|--------|--------------------------------|--|-----------|---------|----------------------------------|--|-----------|---------|--------------------------------|--|---------|---------|------------------|--|---------|---------|-----------------|--|---------|---------|-------------------------------|--|--------|--------|---|--|---------|---------|--|--|--------|---------|--|----------|---------|---------|---|--|---------|---------|--|--|---------|---------|---|--|---------|---------|---|--|---------------------------|--|--|--|------------------------------------|--|---------------------|-----------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>14-1325</u></p> <p>Deposit Account Name <u>Northrop Grumman Corporation</u></p> <p>x Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105 130</td><td>205 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127 50</td><td>227 25</td><td>Surcharge -late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139 130</td><td>139 130</td><td>Non-English specification</td><td></td></tr> <tr><td>147 2,520</td><td>147 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112 920*</td><td>112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113 1,840*</td><td>113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115 110</td><td>215 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116 390</td><td>216 195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117 890</td><td>217 445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118 1,390</td><td>218 695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128 1,890</td><td>228 945</td><td>Extension for reply within fifty month</td><td></td></tr> <tr><td>119 310</td><td>219 155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120 310</td><td>220 155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121 270</td><td>221 135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138 1,510</td><td>138 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140 110</td><td>240 55</td><td>Petition to revive-unavoidable</td><td></td></tr> <tr><td>141 1,240</td><td>241 620</td><td>Petition to revive-unintentional</td><td></td></tr> <tr><td>142 1,240</td><td>242 620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143 440</td><td>243 220</td><td>Design issue fee</td><td></td></tr> <tr><td>144 600</td><td>244 300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122 130</td><td>122 130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123 50</td><td>123 50</td><td>Petitions related to provisionai applications</td><td></td></tr> <tr><td>126 240</td><td>126 240</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581 40</td><td>5 81 40</td><td>Recording each patent assignment per property (times number of properties)</td><td>\$ 40.00</td></tr> <tr><td>146 710</td><td>246 355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149 710</td><td>249 355</td><td>For each additional invention to be examined</td><td></td></tr> <tr><td>179 710</td><td>279 355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169 900</td><td>169 900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b></td> <td><b>\$ 40.00</b></td> </tr> </tbody> </table> | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 130 | 205 65             | Surcharge - late filing fee or oath |         | 127 50  | 227 25            | Surcharge -late provisional filing fee or cover sheet |         | 139 130 | 139 130          | Non-English specification |         | 147 2,520 | 147 2,520          | For filing a request for ex parte reexamination |         | 112 920* | 112 920*               | Requesting publication of SIR prior to Examiner action |                     | 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action |              | 115 110        | 215 55   | Extension for reply within first month               |   | 116 390 | 216 195   | Extension for reply within second month |  | 117 890            | 217 445 | Extension for reply within third month |                            | 118 1,390                  | 218 695         | Extension for reply within fourth month |        | 128 1,890 | 228 945                | Extension for reply within fifty month |        | 119 310 | 219 155                           | Notice of Appeal |         | 120 310 | 220 155 | Filing a brief in support of an appeal |        | 121 270 | 221 135 | Request for oral hearing |        | 138 1,510 | 138 1,510 | Petition to institute a public use proceeding |                     | 140 110 | 240 55 | Petition to revive-unavoidable |  | 141 1,240 | 241 620 | Petition to revive-unintentional |  | 142 1,240 | 242 620 | Utility issue fee (or reissue) |  | 143 440 | 243 220 | Design issue fee |  | 144 600 | 244 300 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Petitions related to provisionai applications |  | 126 240 | 126 240 | Submission of Information Disclosure Statement |  | 581 40 | 5 81 40 | Recording each patent assignment per property (times number of properties) | \$ 40.00 | 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 710 | 249 355 | For each additional invention to be examined |  | 179 710 | 279 355 | Request for Continued Examination (RCE) |  | 169 900 | 169 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | * Reduced by Basic Filing Fee Paid |  | <b>SUBTOTAL (3)</b> | <b>\$ 40.00</b> |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$)  | Fee Description  | Fee Paid                   |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 105 130   | 205 65  | Surcharge - late filing fee or oath  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 127 50  | 227 25  | Surcharge -late provisional filing fee or cover sheet                      |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 139 130   | 139 130   | Non-English specification  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 147 2,520   | 147 2,520   | For filing a request for ex parte reexamination                            |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 112 920*  | 112 920*  | Requesting publication of SIR prior to Examiner action                     |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 113 1,840*  | 113 1,840*  | Requesting publication of SIR after Examiner action                        |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 115 110   | 215 55  | Extension for reply within first month                                     |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 116 390   | 216 195   | Extension for reply within second month                                    |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 117 890   | 217 445   | Extension for reply within third month                                     |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 118 1,390   | 218 695   | Extension for reply within fourth month                                    |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 128 1,890   | 228 945   | Extension for reply within fifty month                                     |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 119 310   | 219 155   | Notice of Appeal   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 120 310   | 220 155   | Filing a brief in support of an appeal                                     |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 121 270   | 221 135   | Request for oral hearing   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 138 1,510   | 138 1,510   | Petition to institute a public use proceeding                              |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 140 110   | 240 55  | Petition to revive-unavoidable   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 141 1,240   | 241 620   | Petition to revive-unintentional   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 142 1,240   | 242 620   | Utility issue fee (or reissue)   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 143 440   | 243 220   | Design issue fee   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 144 600   | 244 300   | Plant issue fee  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 122 130   | 122 130   | Petitions to the Commissioner  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 123 50  | 123 50  | Petitions related to provisionai applications                              |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 126 240   | 126 240   | Submission of Information Disclosure Statement                             |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 581 40  | 5 81 40   | Recording each patent assignment per property (times number of properties) | \$ 40.00                   |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 146 710   | 246 355   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 149 710   | 249 355   | For each additional invention to be examined                               |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 179 710   | 279 355   | Request for Continued Examination (RCE)                                    |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 169 900   | 169 900   | Request for expedited examination of a design application                  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Other fee (specify) _____   |   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| * Reduced by Basic Filing Fee Paid  |   | <b>SUBTOTAL (3)</b>  | <b>\$ 40.00</b>            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| <p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 710</td><td>201 355</td><td>Utility Filing fee</td><td>\$710.00</td></tr> <tr><td>106 320</td><td>206 160</td><td>Design Filing fee</td><td></td></tr> <tr><td>107 490</td><td>207 245</td><td>Plant Filing fee</td><td></td></tr> <tr><td>108 710</td><td>208 355</td><td>Reissue Filing fee</td><td></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional Filing fee</td><td></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>\$ 710.00</b></td></tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <u>22</u> - 20** = <u>2</u> X <u>18</u></td> <td>=</td> <td>\$36.00</td> </tr> <tr> <td>Independent Claims <u>2</u> - 3 = <u>0</u> X <u>0</u></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102 80</td><td>202 40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104 270</td><td>204 135</td><td></td><td></td></tr> <tr><td>109 80</td><td>209 40</td><td></td><td></td></tr> <tr><td>110 18</td><td>210 9</td><td></td><td></td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>\$ 36.00</b></td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$)   | Fee Description            | Fee Paid        | 101 710  | 201 355 | Utility Filing fee | \$710.00                            | 106 320 | 206 160 | Design Filing fee |   | 107 490 | 207 245 | Plant Filing fee |                           | 108 710 | 208 355   | Reissue Filing fee |   | 114 150 | 214 75   | Provisional Filing fee |  | <b>SUBTOTAL (1)</b> |            |            | <b>\$ 710.00</b>                                    | Extra Claims | Fee from below | Fee Paid | Total Claims <u>22</u> - 20** = <u>2</u> X <u>18</u> | = | \$36.00 | Independent Claims <u>2</u> - 3 = <u>0</u> X <u>0</u> | =                                       |  | Multiple Dependent |         |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid                                | 103 18 | 203 9     | Claims in excess of 20 |  | 102 80 | 202 40  | Independent claims in excess of 3 |                  | 104 270 | 204 135 |         |  | 109 80 | 209 40  |         |                          | 110 18 | 210 9     |           |   | <b>SUBTOTAL (2)</b> |         |        | <b>\$ 36.00</b>                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$)  | Fee Description  | Fee Paid                   |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 101 710   | 201 355   | Utility Filing fee   | \$710.00                   |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 106 320   | 206 160   | Design Filing fee  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 107 490   | 207 245   | Plant Filing fee   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 108 710   | 208 355   | Reissue Filing fee   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 114 150   | 214 75  | Provisional Filing fee   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| <b>SUBTOTAL (1)</b>   |   |  | <b>\$ 710.00</b>           |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Extra Claims  | Fee from below  | Fee Paid   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Total Claims <u>22</u> - 20** = <u>2</u> X <u>18</u>  | =   | \$36.00  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Independent Claims <u>2</u> - 3 = <u>0</u> X <u>0</u>   | =   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Multiple Dependent  |   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$)  | Fee Description  | Fee Paid                   |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 103 18  | 203 9   | Claims in excess of 20   |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 102 80  | 202 40  | Independent claims in excess of 3  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 104 270   | 204 135   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 109 80  | 209 40  |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| 110 18  | 210 9   |  |                            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |
| <b>SUBTOTAL (2)</b>   |   |  | <b>\$ 36.00</b>            |                 |          |         |                    |                                     |         |         |                   |   |         |         |                  |                           |         |           |                    |   |         |          |                        |  |                     |            |            |   |              |                |          |  |   |         |   |   |  |                    |         |  |                            |                            |                 |   |        |           |                        |  |        |         |                                   |                  |         |         |         |  |        |         |         |                          |        |           |           |   |                     |         |        |                                |  |           |         |                                  |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |  |  |        |         |  |          |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                                    |  |                     |                 |

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Complete (if applicable)

|                   |   |                                 |        |           |                |
|-------------------|---|---------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Bruce B. Brunda   | Registration No. Attorney/Agent | 28,497 | Telephone | (949) 855-1246 |
| Signature         |  |                                 |        | Date      | 05/31/01       |

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